



Montana Secretary of State  
Certification and Notary Services  
PO Box 202801  
Helena, MT 59620-2801

## 2021 OFFICE OF VITAL RECORDS AUTHORIZED SIGNATURES

If you have any questions,  
please contact us at:  
sosnotary@mt.gov  
(406) 444-1877

The Secretary of State's Office may be requested to authenticate documents issued from your office for foreign processing. This process requires verifying signatures of the individuals in your office who are authorized to sign or certify official records ("Authorized Signers") and verifying your office's official seal. A completed form from your office is needed for the Secretary of State's Office to fulfill requests to authenticate documents. **Please make sure the signatures below are consistent with the signatures used on certified copies of official records.**

### CHECK ONE:

☐ **2021 Yearly Identification of Authorized Signers**

\* Check this box only when submitting the initial list of Authorized Signers for 2021. **DUE BY JANUARY 15, 2021.**

☐ **Change in 2021 Authorized Signers**

\* Check this box when a change is being made to the initial list of Authorized Signers for 2021.

### INSTRUCTIONS:

1. **Legibly print or type the Title and Name of each Authorized Signer that is being added or deleted.**
2. Check the appropriate box to "Add" or "Delete" each Authorized Signer and enter the date the change will be/was effective.  
\*If submitting the 2021 Yearly Identification of Authorized Signers, check "Add" next to each name and enter January 1, 2021 in the Effective Date column.  
\*If submitting a Change in 2021 Authorized Signers, only include information pertaining to Authorized Signers that are being added or deleted.
3. For each added Authorized Signer, have the signer provide his or her signature next to his or her name.
4. Affix the Vital Records seal and obtain the signature of the State Registrar.
5. Provide the requested information at the bottom of this page.

**EMAIL the completed form to [sosnotary@mt.gov](mailto:sosnotary@mt.gov) or MAIL it to the address above.**

Add	Delete	Effective Date	Title (print or type)	Name (print or type)	Signature
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**Affix Seal of Vital Records below (embossed impressions must be inked)**

APPROVED BY: \_\_\_\_\_, State Registrar      Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

